

STATE OF NEW JERSEY

A0018370084

CERTIFICATE OF DEATH

STATE FILE NUMBER
20220077229

DECEASED NAME

CARMEN L CONSTANTINOPLE

DATE OF BIRTH

07/19/1959

SEX

MALE

DATE OF DEATH

12/20/2022

PLACE OF DEATH

STAFFORD TOWNSHIP

COUNTY OF DEATH

OCEAN

RESIDENCE ADDRESS

23 POMONA DRIVE

SOCIAL SECURITY NUMBER

██████████

MUNICIPALITY OF RESIDENCE

BARNEGAT TOWNSHIP

COUNTY OF RESIDENCE

OCEAN

DOMESTIC STATUS

MARRIED

SURVIVING SPOUSE/PARTNER

(Name given at birth or on birth certificate)

DONNA M CATRAMBONEMANNER OF DEATH: **NATURAL**

CAUSE OF DEATH:

ASPIRATION PNEUMONIA
LUNG MASSDATE ISSUED: **DECEMBER 22, 2022**DATE FILED WITH REGISTRAR: **12/21/2022**

AMENDED DATE:

ISSUED BY:

New Jersey Department of Health, Office of Vital Statistics and Registry

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

REG-42A
NOV 22

Tiffany Drennon
Acting State Registrar
Office of Vital Statistics and Registry



